

Delaware Health Care Commission

Community HealthCare Access Program (CHAP)- Health Home/Provider Network Services

May 2, 2008

This Request for Proposals contains the following sections:

- I. Introduction
- II. Requirements/Special Provisions
- III. Project Guidelines
- IV. Specific Proposal Requirements
- V. Basis of Contract Award

Attachment

- Non-collusion statement and acceptance

Serious bidders may receive the following attachments by contacting the Delaware Health Care Commission at (302) 739-2730:

- Delaware Health Care Commission Annual Report and Strategic Plan, 2008

Responses are due in the Commission office no later than 2:00 p.m. on May 20, 2008 to the attention of Marlyn Marvel in the office of the:

Delaware Health Care Commission
Margaret O'Neill Building, Third Floor
410 Federal Street, Suite 7
Dover, DE 19901

The proposals must be in a sealed envelope with your name and the words “**Proposal: CHAP HEALTH HOME/PROVIDER NETWORK SERVICES.**” Proposals received in the Commission office later than 2:00 p.m. on May 20, 2008 will not be accepted.

Please review and follow the information and instructions contained in the general and special provisions section of the Request for Proposals (RFP). Should you require additional information, please contact Paula K. Roy at the Delaware Health Care Commission at (302) 739-2730.

I. INTRODUCTION

The Delaware Community Healthcare Access Program (CHAP) began in 2001 as a federally funded grant program to integrate providers of service to uninsured individuals in Delaware. The Delaware Health Care Commission was one of twenty-three of the U.S. Department of Health and Human Services, Health Resources and Services Administration's original Community Access Program (CAP) grantees. The program is now funded using State dollars allocated to the Commission by the Delaware General Assembly.

The goals of CHAP are to:

- Link uninsured individuals to a low-cost medical health home (a regular source of primary medical care)
- Link uninsured individuals with public insurance products and other income-based, publicly-funded programs/services
- Improve access to and foster appropriate utilization of health resources across the continuum of care, and;
- Ultimately, improve individual health status.

An integral component of CHAP is a statewide financial screening protocol that uses standard policy and procedure to link patients with public health insurance (ex. Medicaid) if eligible, and, if not, enrolls them in CHAP. CHAP offers patients a network of affordable primary health homes that includes community health centers and a statewide panel of volunteer physicians. CHAP is a program targeted to low-income uninsured individuals up to 200% of the federal poverty level (FPL) who are ineligible for public health coverage.

CHAP recipients may be provided services for free or charged a reduced fee based on their income. In some cases, CHAP enrollees have access to discounted ancillary and allied health services such as lab, radiology, prescriptions, and physical therapy. CHAP eligibility is re-determined annually. All CHAP enrollees are issued identification cards.

As of March 31, 2008, CHAP total enrollment was over 5000 individuals. Since the program's inception in June 2001 over 15000 individuals have at one time been enrolled and served. Additionally, nearly 3000 individuals have been identified through the CHAP financial screening process as eligible for and enrolled in Medicaid. Another 150 people have been referred to the Veterans Administration.

A. Background Information

The Delaware Health Care Commission is an independent, public body, reporting to the Governor and the General Assembly, working to promote accessible, affordable, quality health care for all Delawareans. The status given by the General Assembly to the Commission as a policy-setting body gives it a unique position in state government. It is intended to allow creative thinking outside the usual confines of conducting day-to-day state business. The Commission is expressly authorized to conduct pilot projects to test methods for catalyzing private-sector activities that will help the state meet its health care needs. Commission membership embodies the public/private efforts that have traditionally spelled success for problem solving in Delaware. Four government officials -- the Secretary of Finance, Secretary of Health & Social Services, Secretary of Children, Youth & Their Families and the Insurance Commissioner -- are joined by six private citizens appointed either by the Governor, the Speaker of the House or the President Pro Tempore of the Senate. The Lieutenant Governor is the current chair. The composition is a balance between the executive and legislative branches of government and the public and private sectors. The Commission is bipartisan and has representation from all geographic areas of the state.

The Commission's mission statement:

The Delaware Health Care Commission is an independent, public body, reporting to the Governor and the General Assembly, working to promote accessible, affordable, quality health care for all Delawareans.

II. REQUIREMENTS/SPECIAL PROVISIONS

A. Nature of Contract, Term

The contract for professional services will commence immediately and continue throughout State Fiscal Year 2009, contingent upon the availability of funds and successful delivery of services, at which time the contract may be extended for an additional year.

B. Fixed Contract Amount

Funding for this project will be determined. Prices will remain firm for the period of the contract.

C. Contingent Funding

The award of the contract is contingent upon funding approved by the Delaware General Assembly.

D. Bond Requirement

No bonds are required.

E. Bid Opening

All responses must be received in the Commission office no later than 2:00 p.m. on May 20, 2008. **Proposals submitted after this date and time will be disqualified.**

F. Notification of Acceptance

All bidders will be informed of the Commission's decision in writing.

G. Basis of Contractor Selection

The contract will be awarded to the firms that best meets the requirements of the Commission as outlined in this Request for Proposals. Information regarding proposals that exceed the requirements specified may be considered in the overall evaluation.

The Delaware Health Care Commission reserves the right to reject any and all bids in whole or in part, to make partial awards by types, item by item, or lump sum total, whichever may be most advantageous to the State of Delaware and the Delaware Health Care Commission.

H. Cost of Proposal Preparation

All costs of proposal preparation will be borne by the bidding consultant(s).

I. Subcontracting

If a subcontractor is going to be used, this must be specified in the proposal, with an identification of the subcontractor, the service(s) to be provided and its qualification to provide such service(s).

J. State of Delaware Business License

Prior to receiving an award the successful firm shall either furnish the Delaware Health Care Commission with proof of a State of Delaware business license or initiate the process of application where required. An application may be requested in writing to: Department of Finance, Division of Revenue, Carvel State Office Building, 820 North French Street, Wilmington, Delaware or by telephone to one of the following numbers: (302) 577-8240, (302) 577-8238.

Information regarding the award of this contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject the organization or person to applicable fines and/or interest penalties.

K. Hold Harmless

The successful bidder agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against any and all claims for injury, loss of life or damage to or loss of use of property caused or alleged to be caused, by acts or omissions of the successful bidders' performance, or failure to perform as specified in the Agreement.

L. Exceptions

Bidders must meet the minimum requirements set forth in the Request for Proposal. They may choose to enhance these conditions. Enhancements will be considered in the overall evaluation, but the Delaware Health Care Commission may reject exceptions which do not conform to state bid laws and/or create inequality in the treatment of the bidders.

M. Bid Contract Execution

Both the non-collusion statement that is enclosed with the Request for Proposals and the contract form delivered to the successful firm for signature must be executed by a representative who has legal capacity to enter the bidder into a formal contract with the State of Delaware, Delaware Health Care Commission.

III. PROJECT GUIDELINES

A. Proposals

Proposals must respond to each and every requirement specified in Item IV in order to be considered responsive. Firms submitting proposals may be afforded an opportunity for discussion and revision of proposals. Revisions may be permitted at the discretion of the Delaware Health Care Commission after submissions of proposals and prior to award of contract for the purpose of obtaining the best and final offers. Negotiation may be conducted with responsible firms or individuals whose proposals are found to be reasonably likely to be selected for award. The contents of any proposal shall not be disclosed and will not be available to competing firms during the negotiation process.

B. Scope of Work

The Delaware Community Healthcare Access Program (CHAP) represents a collaborative effort between the public and private sectors and a cross section of providers, consumers, and health professionals. In the short term, it seeks to simplify the manner in which uninsured individuals are screened for financial eligibility for existing public programs and resources and link them with appropriate financial and medical resources. In the long term, CHAP seeks to improve individual health status by facilitating the use of primary and preventive health and reducing the inappropriate utilization of health resources (such as emergency departments). The selected Health Home/Provider Network vendors are integral partners to the DHCC in the effective operation of the CHAP.

- Health homes will accept new CHAP enrollees who have chosen them as a primary health home during CHAP enrollment through a centralized enrollment process managed by the contracted enrollment broker, EDS.
- Health homes will access the CHAP website to enroll potential new CHAP clients as they present to the health home site, make inquiry on patient eligibility and enrollment status, and to assist with annual CHAP enrollee redetermination of eligibility for clients assigned to their health center. {The CHAP website is designed, managed, updated by EDS and requires registered, trained users to exercise specific prescribed steps for every CHAP interview. (Website training may be periodically offered through the DHCC vendor relationship with EDS). Accordingly, any health home staffperson(s) who completes CHAP enrollments onsite must be proficient in utilizing computers, the internet, and have access to a designated personal computer with outside access to the internet. The Health Home site must ensure adequate safeguards to comply with HIPAA privacy and security.}
- Health homes will provide primary and preventive care to CHAP enrollees consistent with the care and service offered to any other patient at that health home. Care and services for all CHAP enrollees should strive towards increasing the rate of completion of age and gender appropriate preventive screenings, facilitating continuum of care service needs, and improving patient satisfaction.
- Health homes will utilize health risk information to applicably guide the care and treatment of CHAP enrollees. Diabetes, asthma, hypertension, age 50yrs+, and tobacco usage have been historical areas of health research.
- Because the CHAP eligibility and enrollment process requires ineligibility for public insurance, health homes should be proficient in their ability to inform and educate uninsured individuals about the availability of public health insurance (Medicaid and the DE Healthy Children Program) and other health programs (e.g. Nemours, duPont Pediatrics, Veterans Benefits, Hospital specific Financial Assistance Programs etc.), and to provide application and enrollment assistance where indicated.

- Various other health home staffpersons may be required to engage in communication on behalf of a CHAP enrollee with other provider sites. Additionally, they may be requested to attend and contribute in periodic meetings to discuss the overall continuum of care needs observed of CHAP enrollees. EDS conducts an approximate quarterly meeting of all CHAP vendors for information sharing and programmatic technical assistance. These meetings could call upon the participation of different disciplines of staff to gain total program perspective and to continuously enhance provider relationships.
- Executives from Health home sites will work with representatives of the Delaware Health Care Commission as called upon to evaluate the effectiveness of program operations and answer any questions related to daily operations. This will include participation in meetings, training sessions, etc. and submission of a monthly invoice containing a status report of services rendered.
- Health home/provider network sites will be required to coordinate with the DHCC contracted evaluator in the periodic assessment of enrollees health status. The evaluation plan is currently under review for likely revision for FY09. Changes are expected in the method and extent of the current Health Risk Assessment process (currently completed centrally by the eligibility & enrollment broker) and the questionable continuation of the quarterly clinical chart review process. A baseline understanding of enrollees propensity for targeted risk conditions will continue to be secured for use in health education/health promotion activity.
- Health home/provider network sites will coordinate their implementation of CHAP activities with their respective efforts and funded activities with Astra Zeneca's Healthy Delawareans Today and Tomorrow (HDTT) initiative and report to the Delaware Health Care Commission on how the HDTT resources coordinate with and complement CHAP activities. The HDTT initiative is an integral private sector investment to reach and support the uninsured in Delaware and as such provides significant enrichment to the functionality of the CHAP and the CHAP's vendors.

C. Skills Required

The contractor is expected to have working knowledge of:

- health, human, and social service systems in Delaware,
- techniques of community education and outreach to diverse populations,
- state medical assistance (coverage) programs, other State-funded, income-based, enrollment programs, other community-based resources,
- low-income underserved populations generally, and
- ability to collect and report management data and information about services rendered..

Since the CHAP is a collaboration among many stakeholders, the vendor(s) must be able to understand the multiple and varied viewpoints and needs of all.

Health homes/provider network members must accept the CHAP patient into their organization providing no-cost or low-cost services in accordance with the patients determined CHAP pay level.

Designated staff/assigned points of contact must have the knowledge, skills, and abilities required to complete all tasks associated with this process. **Designated point of contacts will possess a minimum of one year of work experience in a direct patient care/medical environment interacting with indigent individuals and other clinical providers. This experience should have been realized prior to any involvement that the individual has had with the organizations CHAP vendor role.**

D. Project Goals

The goals of the CHAP are to create a statewide eligibility and referral system that will:

- link uninsured individuals to a network of medical health homes
- link uninsured individuals with public insurance products and other publicly funded programs
- improve appropriate utilization of health resources, and
- ultimately, improve individual health status.

Program evaluation has annually demonstrated that emergency department utilization declines, preventive screening rates improve, and patient satisfaction with the health system is dramatically higher subsequent to their sustained CHAP enrollment. Additionally, an average of 1 in 7 uninsured CHAP applicants is eligible for and enrolled in a public health **coverage** program.

CHAP financial eligibility requirements are up to 200% of the federal poverty level, and proven ineligibility for public health insurance coverage.

The purpose of this RFP is to secure CHAP “health home” sites. A health home is a fixed site – or network of fixed sites- that provide a broad range of primary and preventive care on an ongoing, versus acute care/episodic, basis. To the extent that the bidder provides extra, value-added, supports to the CHAP enrollee, those services should be described.

E. Tasks and Responsibilities

- Health homes will provide primary and preventive care to all CHAP enrollees assigned to their facility and/or those identified and enrolled at their facility.
- At least one point of contact (POC) will be established specific to the organization for each of its primary health care service delivery points. Clients who make inquiry to EDS about the health home sites will be provided verbal description of services offered. Administrative and patient related questions must be directed to a designated POC and it is expected that this individual fully understand the program and how it operates within that particular health home setting. This point of contact must possess the customer service skills necessary to successfully interact with the diverse cultures that comprise the CHAP enrollment base.

- A clinical point of contact must be designated to interface with central program staff for the exchange of information on an applicable, ad hoc basis. Specified health home clinical staff may be called upon to participate in special meetings. (Points of contact may be different for administrative and clinical activities).
- Health homes will facilitate CHAP enrollees access to other coverage and assistance programs offered through State-funded and private sector programs; e.g. Medicaid/DE Healthy Children Program, Screening for Life, Delaware Cancer Treatment Program, Delaware Quitline, the Emergency Diabetes Fund. This can include completing paperwork, researching application status, obtaining any outstanding information, and encouraging payment of any required fees. These encounters should be tracked by category to the maximum extent possible to demonstrate the performance and value-added of staff services provided at the CHAP sponsored health home site.
- Health homes will report aggregate patient statistics, service referrals and care management efforts and activities that demonstrate the extent of care and service rendered to CHAP enrollees assigned to their site, on a monthly basis. As indicated, the vendor will devise a method for tracking encounters and completing client follow-up. Vendor will complete monthly management reporting of statistics, findings and observations (in the required format).
- The vendor will provide management input and staff feedback through participation in applicable DHCC meetings.

IV. SPECIFIC PROPOSAL REQUIREMENTS

All bidders must address each proposal requirement listed below:

- Describe your general and specific experience which is relevant to this project. Provide a brief synopsis of your organizational history with CHAP and/or similar initiatives. If you were an FY08 CHAP Community Partner, fully describe the results and accomplishments of your FY08 experience. We are specifically looking for a complete and detailed description of your approach to Community Outreach and varied service delivery to CHAP enrollees. Why is this work relevant to your organization's mission and to CHAP; and why should it continue?
- Demonstrated competence in community outreach, community health education, and, if applicable, health care service delivery. Clearly identify what aspects of this RFP that you are responding to: *a) program promotion and application & enrollment assistance, b) supportive services, c) other direct discounted services for CHAP enrollees.*
- Provide biographical information on all the persons who will work on the project. Identify any specific individuals who would be points of contact for consumers (by name, existing position, or position title if it is to be created). Please note, an established point of contact (with an informed individual) is mandatory regardless of functionality that you are proposing. For instance, organizations focused on outreach

only will need to participate and potentially be called upon by the central marketing program on an adhoc basis. Organizations who propose willingness to provide other direct consumer supports will be contacted by the CHAP provider network when a CHAP enrollee in their geographic area has a specific need.

- Give an outline of how you would accomplish the project, including a proposed time schedule.
 - 1) Describe proposed communication methods and/or processes with the target population, and how these methods/processes fit into the overall flow of your organizations services;
 - 2) Elaborate on how your history of success in terms of relationships and/or methods used to reach and serve low-income uninsured and/or link them with other program and resources will contribute to your CHAP FY08 strategy.
 - 3) Describe the intended role and interaction of multiple departments in your organization who are involved with this work if applicable. (Attach organizational charts if that would be helpful).
- Provide a methodology for measuring the effectiveness of your proposed strategies. Identify your own organizational success measures for this program. Describe the methods, systems, personnel and processes that you will rely upon internally for monitoring program performance/outcomes, collecting data, and providing management reports to the DHCC. Reporting outcome data is critical for the program and the need for data, and the methods for presenting it to various external stakeholders are subject to change on an ongoing basis. We need vendors to describe their intended process of collecting and reporting information, and expressed commitment for responding to evolving reporting needs.
- Provide a detailed budget. Detailed budgets should delineate total project costs and narrative explanations of costs. If in-kind contributions are a component of this work, they should be reflected in the total budget in order that the DHCC can adequately describe the full scope of your work in helping make the CHAP successful.
- Identify and explain any relationships with any of the major stakeholders on this issue in Delaware. Include a statement to the effect that any such representation or relationship will not affect your ability to be objective and independent in your routine reporting to the Commission and its designees pertinent to CHAP.
- Provide three references.

V. BASIS OF CONTRACT AWARD

The following criteria will be used to evaluate the proposals:

Demonstrated experience and expertise in health, human, & social service systems-15 pts

Demonstrated experience in reaching and medically serving “hard to reach” and diverse and low-income, uninsured populations-- 40 pts

Demonstrated experience in organizational programming stressing the importance of health and wellness (degree of inherent relevance and context of this initiative to core organizational mission). 20 pts.

Soundness of proposed methodologies for reaching and assisting consumers at the local level and effectiveness of proposed methods for evaluating the effectiveness of services rendered 25 pts.

Total Possible Points: 100

Please submit one electronic copy and **eight (8)** hard copies of the proposal no later than **May 20, 2008**:

Delaware Health Care Commission
Margaret O'Neill Building, Third Floor
410 Federal Street, Suite 7
Dover, DE 19901
Telephone: (302) 739-2730
Fax: (302) 739-6927

The proposals must be in a sealed envelope with your name and the words "Proposal: **Community HealthCare Access Program (CHAP)- Health Home/Provider Network Services.**"

Proposals received in the Commission office **after** 2:00 p.m. on May 20, 2008 will not be accepted.

TITLE **CHAP HEALTH HOME/PROVIDER NETWORK**

DATE May 2008

NON-COLLUSION STATEMENT

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the Delaware Health Care Commission.

It is agreed by the undersigned bidder that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all specifications and special provisions.

NOTE: Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the Delaware Health Care Commission.

NAME OF BIDDER _____

NAME OF AUTHORIZED REPRESENTATIVE
(Please type or print) _____

SIGNATURE _____

TITLE _____

ADDRESS OF BIDDER _____

PHONE NUMBER _____

PURCHASE ORDERS SHOULD BE SENT TO:

COMPANY NAME _____

ADDRESS _____

CONTACT _____

PHONE NUMBER _____

FEDERAL E.I. NUMBER _____

STATE OF DELAWARE
BUSINESS LICENSE NUMBER _____

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 2008.

Notary Public

City of _____

County of _____

State of _____

My commission expires _____.